

ADMITTANCE COMMITTEE OF TECHNOLOGY & PARAMEDICAL COUNCIL



14, Upper Ground Floor, Balaji Complex, Viraval Road,
Navsari, Gujarat, INDIA - 396445



www.actpc.org.in



actpc.committee@gmail.com

APPLICATION FOR AFFILIATION OF SCHOOL/CENTER

1. Name of the Organization: _____

2. Year of Establishment: _____

(Please attach proof)

3. Type of Organization: _____

(Tick most appropriate)

(Enclose the necessary
details and proofs)

Trust

☐

Society

☐

Educational Institution

☐

LLP

☐

Pvt. Ltd

☐

Bank / Insurance Co.

☐

Ltd

☐

R & D Organization

☐

PSU/Govt. Organization

☐

Others _____

4. Full Postal Address: _____

District: _____

State: _____

Country: _____

Pin Code: _____

5. Official Communication:

Phone No:

(Country Code)

(STD/Local Code)

Tele fax:

(Country Code)

(STD/Local Code)

Mobile No.: +91

email: _____

Fill the following and enclose proper Proof:

6. Premises Details:

Owned

☐

Rented

☐

7. Ready for Operations:

Yes

☐

Not Yet

☐

8. Total Carpet Area of Organization (Sq. Ft.): _____

9. Total Site Area of Organization (Sq. Ft.): _____

10. Internet Connectivity:

Leased Line

☐

Broadband

☐

Dial-Up

☐

Speed

☐

11. Details of Computers (Dedicated earmarked for Training and Research Purpose)

Type	Processor	RAM	HDD	Network (Y/N)	Internet (Y/N)
Server Computer					
Client Computer					

12. Infrastructure Details:

Generator

LCD Player

FAX

Photo Copier

Sr. No.	Other Infrastructure for Training Program	Units	Area (Sq. Ft.)	Seating Capacity
1	Class Rooms			
2	Library (Total Books: _____)			
3	Reading Room/ Conference Room / Audio Visual Room			
4	Administrative Area			
5	Trainer Room			
6	Service Area - Toilets etc.			
7	Other _____			

13. Detail of Courses that you are interested to offer through ACTPC Council, Gujarat

Sr. No.	Proposed Course	Expected No. of Admissions	Sr. No.	Proposed Course	Expected No. of Admissions
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

(Use separate sheet, if necessary)

14. Teachers and other Staff Teaching Department Details:

Enclosed separate List of all Trainers and other Staff Members in following format:

Name | Father's Name | Date of Birth | Sex | Academic Qualification | Professional Qualification | Experience (Teaching & Non-Teaching both) | Level of Association (Full Time/ Part Time/ Visiting Faculty) | Key Skills

DIRECTOR PROFILE

1. Name: _____

2. Designation: _____

3. Sex:

M

☐

F

☐

4. Qualification: _____

5. Experience : _____

6. Photo ID Proof : Driving License

☐

Passport

☐

Voter ID

☐

PAN Card

☐

(Kindly enclose the copy)

Latest Colour
Photograph in Passport
Size of the Proposed
Principal/Director

DECLARATION

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We declare that the Organization will abide by all the rules and directions of Admittance Committee of Technology & Paramedical Council given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible for any decision taken by Admittance Committee of Technology & Paramedical Council. I hereby confirm that I will regularly visit/login website namely www.bseh.ac.in and any information relevant will be received by me from above-said website. Further, I will never claim any information officially or unofficially in hard copy and email. Therefore, only I will be responsible for all types of consequences, if I don't visit/login the said website.

I have carefully read and understood all the guidelines, specifications and other information published by the Admittance Committee of Technology & Paramedical Council on the Website www.actpc.org.in. In case of any disputes or for any unforeseen issue(s) or issues not covered in the guidelines, specifications and other information published by the ACTPC the decision of the Admittance Committee of Technology & Paramedical Council shall be final and binding on me and all other concerned. I agree that the Admittance Committee of Technology & Paramedical Council reserves the right to withdraw any location or any Discipline/Programme or its nomenclature at any time without assigning any reason and to make modifications in any information published anywhere whenever deemed necessary.

In the event of any disputes between the parties, which are not covered at the arbitration clause, the courts of ACTPC shall have exclusive jurisdiction.

Date: _____

Specimen Signature of the Proposed Principal/Director

Seal & Signature of the Head of the Organization

FOR ACADEMIC CENTER /SCHOOL USE ONLY

Allotment Fee (Non-Refundable and Non-Adjustable) in favour of ACTPC , PAYABLE AT ACTPC

Demand Draft No.	Date	Bank	Issuing Branch

Kindly allot me the following selected Programmes :

1) Paramedical Courses

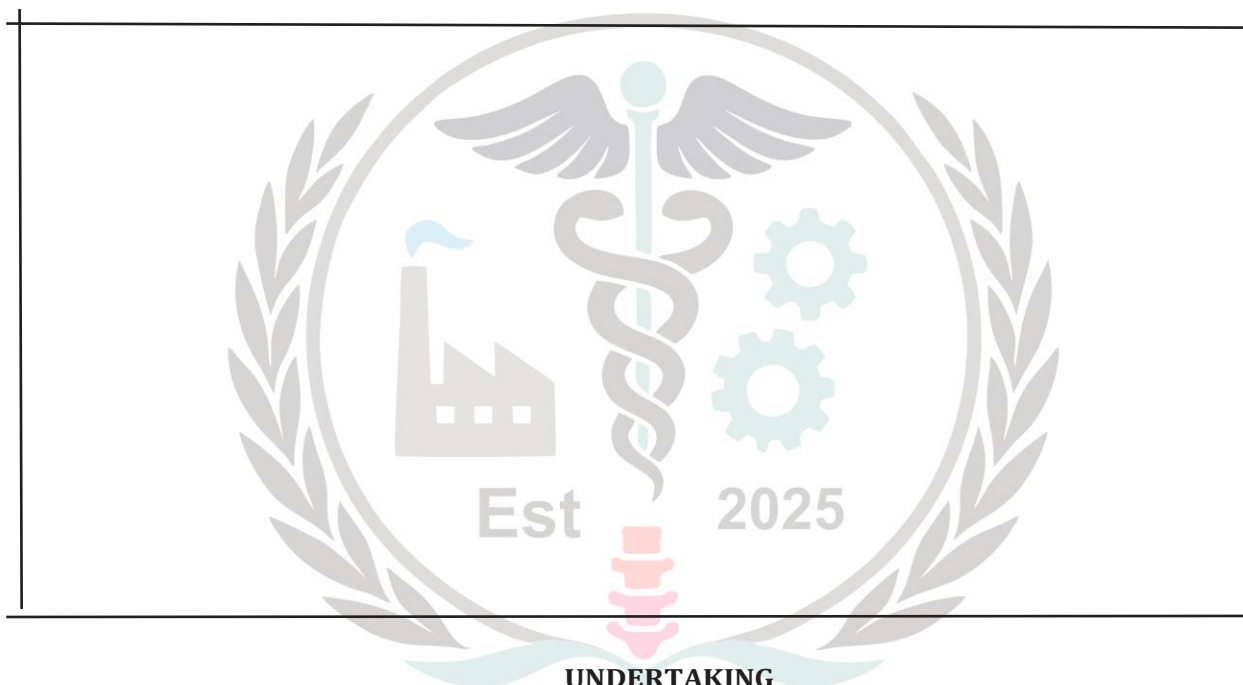
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2) Industrial Courses

☐

PHOTOS TO BE PASTED:

**Space for Affixing
'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'**



The above pasted photographs are belonging to our Organization. I also undertake that if I fail to pay renewal fee for Academic Center/ School then Actpc has the right to transfer all our enrolled Students to any other Academic Center/ School or treat them as Direct Students to complete their course.

I understand and agree that fees paid by me with the application form or on account of processing fee, for conduct of inspection, for grant of approval of my application or any other fee or charges, as prescribed for Academic Center/ School once paid, will be non-refundable. Withdrawal of my proposal or rejection by the Actpc at any stages for reason whatsoever shall not entitle me to claim any amount or compensation from the Actpc.

Signature of the Proposed Principal/Director

Seal & Signature of the Head

KINDLY SUBMIT AFFILIATION FORM AT BOARD OF TECHNOLOGY &PARAMEDICAL EDUCATION